

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4219

State File No.

BIRTH NO.		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>5247</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury Township</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Booneville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Approx 8 miles East of Salisbury</u>				d. STREET ADDRESS (If rural, give location) <u>908 Third Street 1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JULIAN</u>		b. (Middle) <u>PERTIS</u>		c. (Last) <u>MASON</u>	
4. DATE OF DEATH (Month) (Day) (Year)		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>June 7-1911</u>		9. AGE (In years last birthday) <u>38</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		11. BIRTHPLACE (State or foreign country) <u>Salisbury Township Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Pettis Mason</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Reed</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Kilander Mason</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>318-18-8053</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Kilander</u>		ADDRESS <u>Roanoke Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Black Broken</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hanging By Rope</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>E974X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>SALISBURY-TWP. CHARITON-MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>About Feb. 28, 1950</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>By hanging by Baled Hay Ties (rope).</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>N.D. Baughth Governor of Chariton County</u>				23b. ADDRESS <u>Way Twp. Mo</u>		23c. DATE SIGNED <u>3-6-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 7-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Salisbury Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/7-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Salisbury Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 13
District Health Officer No. 8,

District File Number.....

Date Filed 3-14-58

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed

Charles B. Wilhelmeyer
Licensed Embalmer No. 3842

P. O. Address Salisbury Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.